

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008147

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 48

FILED FEB 19 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 70 Yrs.	c. CITY OR TOWN St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 228 Morgan St.
3. NAME OF DECEASED (Type or print): First William Middle M.R. Last Briscoe		4. DATE OF DEATH Month Feb. 11, 1963 Day Year	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1874
9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR Months 5 Days 9 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cost Accountant		10b. KIND OF BUSINESS OR INDUSTRY R.R. Car Bldg.	11. BIRTHPLACE (City and state or country) High Hill, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Dr. Rozier Briscoe	
13b. MOTHER'S MAIDEN NAME Anne Carey Randolph		14. NAME OF HUSBAND OR WIFE Clara J. Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Mrs. Marie Salter, St. Charles, Mo.		Address:	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - terminal Generalized Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1952 to 1963 and last saw him alive on Feb 11, 1963 Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.A. Poggenmeyer (Degree or title)		22b. ADDRESS St. Charles, Mo	22c. DATE SIGNED Feb 11, 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 14, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	23d. LOCATION (City, town, or county) (State) Fortage des Sioux, Mo.
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. 2-13-63	26. REGISTRAR'S SIGNATURE Marcella Wilson	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles J. Macke

Licensed Embalmer No.

4530

P. O. Address

St Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.